

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020693

STATE FILE NUMBER

FILED JUN 23 1959

Registration District No. 63 Primary Registration District No. Registrar's No. 24

S. 300  
V. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mendon Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cockrell Township		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi. W. of Mendon		Length of stay in 1b Few Hrs.	d. STREET ADDRESS 9 mi. N. of Salisbury		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) William Robert Shoemaker Jr.			4. DATE OF DEATH June 19, 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1918		9. AGE (In years) 40 MONTHS DAYS HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County road maintenance		10b. KIND OF BUSINESS OR INDUSTRY Welder-laborer	11. BIRTHPLACE (City and state or country) Chariton County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Robert Shoemaker Sr.		13b. MOTHER'S MAIDEN NAME Pearl Howard		14. NAME OF HUSBAND OR WIFE Dorothy Carter Shoemaker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 499-14-5329		17. INFORMANT Mrs. Pearl Howard, Wevtesville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Electrocuted</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Seconds</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					9145
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Loading Steel Beads one touch with a drag</i>			
20c. TIME OF INJURY 3:20 p.m. 6-19-1959		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <i>Country Road</i>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Country Road</i>		20f. CITY, TOWN, OR LOCATION <i>Mendon Twp. Chariton Mo.</i>		20g. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>N.D. Gouart</i> (Degree or title) 3			22b. ADDRESS <i>Keysteville Mo</i>		22c. DATE SIGNED <i>6/20/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>6/21/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Salisbury, Missouri</i>
24. FUNERAL DIRECTOR <i>Chas. B. Winkelmeier, Salisbury, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-20-59</i>		26. REGISTRAR'S SIGNATURE <i>Douglas Smith - Deputy</i>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Chas B Wilhelmeyer* .....

Licensed Embalmer No. *3842* .....

P. O. Address *Salisbury, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.